

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000002	2	CITY OR TOWN	WESTFIELD
APPLICATION FOR RENEWA	L: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BELLES E	ENTERPRISE INC.		
DOING BUSINESS A FROGGY	7'S SALOON		
ADDRESS APREMONT WAY			
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085
MANAGER: DUVAL, TERRI		neral on CA mise	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI DESCRIPTION OF LICENSED	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
TWO ROOMS FIRST FLOOR,C		US OUTSIDE PAT	IO-24 X 18 FT
I hereby certify and swear under p		es de Isibellini	10 2111 1011.
•	ill be of the same type for the	same premises now	licensed:
	lied with all laws of the Comr	•	
	open for business (If not expla	_	
SIGNED BY:			
	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	UMBER: EMPLOYER IDENTIFIC	
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that	t we are in nossession (1) th	e certificate require	ed by Chanter 304 of the
Acts of 2004, signed by the buil	lding inspector and the head	l of the fire departr	nent for the above named
license and (2) the certificate of	f liquor liability insurance r	equired by Chapter	r 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14400	0003	CITY OR TOWN	WESTFIELD
APPLICATION FOR RENE	WAL: Annual	LICEN	SED FOR 2013
	CLASS	\$	YEAR
LICENSEE NAME: MAPI	E LEAF BAR & GRILL IN	C	
DOING BUSINESS A MAR	PLE LEAF INN		
ADDRESS 011-13 ARNOLI	O ST.		
CITY/TOWN: WESTFIEL	D STATE: 1	MA ZIP CODE:	01085
MANAGER: LaPOINTE, MELISSA	TYPE OF LICENSI	E:Restaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
THREE ROOMS ON THE F KITCHEN AND TWO ROO		PATIO DECK 40' X 12	' AND STORAGE IN
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licen	se will be of the same type fo	or the same premises now	licensed;
2. the licensee has co	omplied with all laws of the C	Commonwealth relating to	taxes; and
3. the premises are r	now open for business (If not	explain below)	
SIGNED BY: Indivi	dual, Partner or Authorized C	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by the	that we are in possession (building inspector and the	head of the fire departs	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 144000005		CITY OR TOWN	WESTFIEL	D
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		,	YEAR
LICENSEE NAME:	WESTFIELD POST	#124 THE AMERI	CAN LEGION INC		
DOING BUSINESS	A				
ADDRESS 38 BROA	AD ST.				
CITY/TOWN: WES	STFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: LUC	CA, ANTHONYTYPE	OF LICENSE: Vet	erans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS		
	LICENSED PREMISE				
THREE ROOMS ON STORAGE	N THE FIRST FLOOR	, ATTACHED PAT	ΓΙΟ DECK AND BA	ASEMENT FO	OR
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renewe	ed license will be of th	e same type for the	same premises now	licensed;	
2. the license	ee has complied with a	ll laws of the Comm	nonwealth relating to	taxes; and	
3. the premis	ses are now open for bu	usiness (If not expla	in below)		
SIGNED BY:	Individual Doutnon o	n Authorized Come	moto Officer		
	Individual, Partner o	i Authorized Corpc	rate Officer		
DATE:	TELEDIJONE	MINADED.	EMPI OVER	IDENTIFICATI	ON NUMBER:
	TELEPHONE	NUMBER:	(Note: NOT Indi		
					204 0.5
	d, attest that we are in I by the building insp				
	certificate of liquor lia				
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		-		
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000010	CI	TY OR TOWN	WESTFIEL	D
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: CLOUD 19 LOU	NGE, INC.			
DOING BUSINESS A				
ADDRESS 1458 EAST MOUNTAIN				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: PEREZ, MARK T. TY	PE OF LICENSE: Restau	rant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
TWO ROOMS ON FIRST FLOOR FOR PORCH AND 18 HOLE GOLF COUR I hereby certify and swear under penaltic 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open for SIGNED BY:  Individual, Partner	R SERVING AND TWO F SE FOR SERVING AND es of perjury that: If the same type for the same th all laws of the Common or business (If not explain the	ROOMS ON SECTIVO ROOMS In the premises now I wealth relating to below)	icensed; taxes; and	
TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Indi		
We the undersigned, attest that we an Acts of 2004, signed by the building is license and (2) the certificate of liquo	nspector and the head of	rtificate require the fire departm	d by Chapte nent for the a	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		OCAL LICENSI By:	NG AUTHO	ORITY
DATE:	-			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000011	C	ITY OR TOWN	WESTFIEL	LD.
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: SLOVAK CITIZE	NS CLUB INC.			
DOING BUSINESS A				
ADDRESS 51 EAST SILVER				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: LIPTAK, THOMAS TY	PE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W DESCRIPTION OF LICENSED PREMI FIVE ROOMS ON FIRST FLOOR, AUI STORAGE			BASEMENT	T FOR
<ol> <li>I hereby certify and swear under penalties</li> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	the same type for the same all laws of the Common	nwealth relating to		
SIGNED BY: Individual, Partner	r or Authorized Corporat	te Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head o	f the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000013		CITY OR TOWN	WESTFIEL	.D	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	₹ 2013	
	CLASS			YEAR	
LICENSEE NAME: CITY HOTEL INC	. OF WESTFIELD				
DOING BUSINESS A					
ADDRESS 043-45 ELM ST.					
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085		
MANAGER: Daley, Thomas W. TYF	PE OF LICENSE: Ger pre	neral on Ca mise	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
DATE.	SES: ELLAR FOR STOR of perjury that: the same type for the all laws of the Comr	same premises now nonwealth relating to ain below)		ION NUMBER:	
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	spector and the head	l of the fire departi	ed by Chapte nent for the A	er 304 of the above named Acts of 2010.	
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	144000017		CITY OR TOWN	WESTFIEL	.D
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: \$	ST. ROCCOS MEN'S	CLUB INC.			
DOING BUSINESS A					
ADDRESS 300 ELM S	ST.				
CITY/TOWN: WEST	FIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: ROBER	RTS, JON A. TYPE	OF LICENSE: Clu	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LI					
ONE ROOM ON FIRS STORAGE	T FLOOR AND TW	O ROOMS IN BAS	SEMENT AND BA	SEMENT FO	OR
I hereby certify and swe	ear under penalties of	perjury that:			
	license will be of the	• •	-		
	has complied with all		C	o taxes; and	
3. the premises	s are now open for bu	siness (If not expla	in below)		
SIGNED BY:	Individual, Partner or	Authorized Corno	rate Officer		
•	individual, i di inci oi	radionzea corpo	ruic Officer		
DATE:	TELEPHONE I	NIIMRER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TEELI HONE	NOMBER.	(Note: NOT Ind	lividual Social Se	ecurity Number)
We the undersioned	attact that we are in	nagaggian (1) tha	aautifiaata uaaniu	ad by Chants	y 204 of the
We the undersigned, Acts of 2004, signed by					
license and (2) the cer	rtificate of liquor lia	bility insurance re	equired by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain	)				
(ii disupproved explain	,				
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000022	C	ITY OR TOWN	WESTFIEL	.D
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: WESTFIELD LODG	E OF ELKS #1481 I	NC.		
DOING BUSINESS A				
ADDRESS 56 FRANKLIN ST.				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: CREPEAU,PETER J.TYPE	OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE THREE ROOMS ON FIRST FLOOR, THREE BASEMENT FOR STORAGE I hereby certify and swear under penalties of the renewed license will be of the the licensee has complied with al the premises are now open for but	S: EE ROOMS ON SEC  f perjury that: e same type for the sat ll laws of the Common	me premises now	licensed;	OMS IN
SIGNED BY: Individual, Partner or	r Authorized Corporat	te Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia	ector and the head o	f the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 144000024	•	CITY OR TOWN WESTFIE	LD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 6 H		CLUB, INC		
CITY/TOWN:	WESTFIELD	STATE: MA	ZIP CODE: 01085	
	CARRASCO, MARY E.	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
ONE ROOM O STORAGE	N FIRST FLOOR AN	ND ONE ROOM ON SECO	OND FLOOR AND BASEME	NT FOR
I hereby certify	and swear under pena	alties of perjury that:		
1. the 1	renewed license will b	e of the same type for the s	same premises now licensed;	
2. the l	icensee has complied	with all laws of the Comme	onwealth relating to taxes; and	
3. the 1	premises are now open	n for business (If not explai	in below)	
SIGNED BY:	Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, s	signed by the buildin	g inspector and the head	certificate required by Chap of the fire department for the quired by Chapter 116 of the	e above named
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	слріані)			
DATE.				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000025		CI	ΓY OR TOWN	WESTFIEL	LD.
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 57 KAT	A	TERNAL CLUB (	OF WEST	FIELD INC.		
CITY/TOWN: WE	STFIELD	STATE:	MA	ZIP CODE:	01085	
	IASINI, T ERT J.	YPE OF LICENS	SE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUF		YOUR EMAIL	ADDRESS		
DESCRIPTION OF						
ONE ROOM ON FIT ROOM IN BASEME			SEMENT,	PLUS PAVILI	JON AND O	NE
2. the licens	red license will be ee has complied w ses are now open f Individual, Partr	ith all laws of the	Commony ot explain b	wealth relating pelow)		
DATE:	TELEPHO	ONE NUMBER:			R IDENTIFICAT	
We the undersigne Acts of 2004, signed license and (2) the	d by the building	inspector and th	e head of	the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)			OCAL LICEN	SING AUTHO	ORITY
DATE:			_			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000036		CITY OR TOWN	WESTFIEL	.D
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: TEKOA COUNTR	Y CLUB INC.			
DOING BUSINESS A				
ADDRESS 459 RUSSELL RD.				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: FERENCE, DAVID TYPE	'E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISCLUBHOUSE AND BANQUET HALL OWITH CELLAR FOR STORAGE, THE III I hereby certify and swear under penalties  1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY:  Individual, Partner	SES: COMPRISED OF SIPATIO DECK AND of perjury that: the same type for the all laws of the Comm	X ROOMS ON THE 18 GOLF HOLES same premises now monwealth relating to ain below)	licensed;	OR
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor  Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	spector and the head	(Note: <u>NOT</u> Ind e certificate require d of the fire departr	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000045		CITY C	OR TOWN	WESTFIEI	LD
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	WESTFIELD LO	DGE # 1255, LOYA	L ORDER	OF		
DOING BUSINESS	A MOOSE INC.					
ADDRESS 56 WAS	HINGTON					
CITY/TOWN: WE	STFIELD	STATE: MA	ZIP	CODE:	01085	
MANAGER: HEM EDW	MPEL, TY VARD	PE OF LICENSE:C	lub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRI	ESS		_
DESCRIPTION OF						
ONE ROOM IN BA STORAGE	SEMENT FLOOR,	ONE ROOM ON FI	RST FLO	OR AND E	BASEMENT 1	FOR
	ses are now open for	h all laws of the Com r business (If not exp  r or Authorized Corp	lain below	v)	to taxes; and	
DATE:	TELEPHON	NE NUMBER:	(Ne			TION NUMBER:
We the undersigne Acts of 2004, signe license and (2) the	d by the building in	spector and the hea	d of the f	ïre depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	aiii <i>)</i>					
DATE:						



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	.44000046		CITY OR TOW	VN WESTFIE	LD
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: \ DOING BUSINESS A	WESTFIELD SON	S OF ERIN, INC.			
ADDRESS 22 WILLIA	AM STREET				
CITY/TOWN: WEST	FIELD	STATE: MA	ZIP CODE:	: 01085	
MANAGER: KANE,	JAMES M. TYP	'E OF LICENSE:C	lub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
ONE ROOM ON FIRS PAVILLION 100 FT F			INT AND BASEM	1ENT FOR STO	ORAGE.
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of t	the same type for th	e same premises n	ow licensed;	
2. the licensee	has complied with	all laws of the Com	ımonwealth relatir	ng to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY:					
]	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICA	
			(Note. NOI	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building ins	spector and the hea	ad of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain	)				
			-		
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 144000047		CITY OR TOWN	WESTFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WORRALL E	ENTERPRISES, INC.		
DOING BUSINESS	A POP THE C	ORK		
ADDRESS 5E EAS	T SILVER ST.			
CITY/TOWN: WE	STFIELD	STATE: MA	ZIP CODE:	01085
	RRALL, 'HANY M	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
ONE ROOM ON FI SILVER ST.	RST FLOOR &	ONE ROOM ON FIRST	FLOOR FOR STOR	AGE AT 5E EAST
	ises are now ope	with all laws of the Comn for business (If not exp	lain below)	
	,	·	<u> </u>	
DATE:	TELEP:	HONE NUMBER:		L IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	44000048		CITY OR TOWN	WESTFIELI	)	
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 201	.3	
		CLASS		Y	/EAR	
LICENSEE NAME: A	ANDERSON FAMIL	Y ENTERPRISES	S INC.			
DOING BUSINESS A	RYAN'S PACKAG	E STORE				
ADDRESS 31 FRANKI	LIN ST					
CITY/TOWN: WESTI	FIELD	STATE: MA	ZIP CODE:	01085		
MANAGER: ANDER EDWIN		OF LICENSE:Pac	ckage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:						
	ONE ROOM ON THE FIRST FLOOR FOR SALE OF ALCHOLOL AND ONE ROOM ON THE FIRST FLOOR FOR STORAGE OF ALCOHOL.					
2. the licensee l		ll laws of the Comr	same premises now monwealth relating to ain below)			
SIGNED BY:	ndividual, Partner or	r Authorized Corpo	orate Officer			
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATIO		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	 		LOCAL LICENS By:	ING AUTHO	RITY	
DATE:						



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144000049		CITY OR TO	WN WESTFIEL	עב
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:  DOING BUSINESS A  ADDRESS 71 FRANK  CITY/TOWN: WEST	MOLT'S LIQUORS LIN ST FIELD	STATE: MA	ZIP CODE		
MANAGER: MOLT	A, JOSEPH F.TYPE	OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBS				
DESCRIPTION OF LI TWO ROOMS ON FII I hereby certify and sw 1. the renewed 2. the licensee	CENSED PREMISES	S: ELLAR FOR STC perjury that: same type for the laws of the Com	PRAGE same premises monwealth relati		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:		OYER IDENTIFICAT $\Gamma$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14400005	0	CITY OR TOWN	WESTFIELD	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: WESTFIE DOING BUSINESS A ADDRESS 95 MAIN ST	ELD LIQUORS, INC.			
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: SARDINHA, PAULO	TYPE OF LICENSE:Pac	ckage Store CA	ΓEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO V	TISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED				
ONE ROOM ON FIRST FLOOI I hereby certify and swear under		LOOR AND CELLAR	R FOR STORAGE	
2. the licensee has comp	will be of the same type for the blied with all laws of the Commopen for business (If not expl	nonwealth relating to		
SIGNED BY: Individua	l, Partner or Authorized Corpo	orate Officer		
DATE: TEI	LEPHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSIN	NG AUTHORITY	
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000051		CITY OR TOWN	WESTFIEL	D
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: CLMP, INC				
DOING BUSINESS A CITY PACK	AGE STORE			
ADDRESS 131 MEADOW ST				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: PHILLIPS, COREY	TYPE OF LICENSE:Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PRI	EMISES:			
TWO ROOMS ON FRST FLOOR A THREE ROOMS ON FIRST FLOOI AT 123 MEADOW ST				
2. the licensee has complied 3. the premises are now open SIGNED BY:		_	taxes; and	
Individual, Pa	rtner or Authorized Corpor	rate Officer		
DATE: TELEP!	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 144000052		CITY OR TOWN	WESTFIEL	LD.
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MR PHIPPS INC				
DOING BUSINESS	A				
ADDRESS 111-13	N ELM ST				
CITY/TOWN: WE	STFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: PHI	LLIPS, GEORGETYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:			
ONE ROOM ON FI STORAGE	RST FLOOR AND TW	O ROOMS ON FI	RST FLOOR AND	CELLAR FO	OR .
I hereby certify and	swear under penalties of	perjury that:			
1. the renev	ved license will be of the	same type for the	same premises now	licensed;	
2. the licens	see has complied with all	l laws of the Comn	nonwealth relating to	taxes; and	
3. the prem	ises are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
D 4 mg					
DATE:	TELEPHONE I	NUMBER:			ION NUMBER:
			(Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
DI CLIDI					
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
-					
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 144000054		CITY OR TOWN WESTF.	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: EISENBEISI NESS A 76 DISCOU	JNT LIQORS		
	: WESTFIELD	STATE: MA	ZIP CODE: 01085	
MANAGER:	JUSTIN R. EISENBEISER	TYPE OF LICENSE:Pa	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PE ON THE FIRST FLO		N BASEMENT FOR STORAG	E.
2. the	licensee has complie premises are now op			nd
		·		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144000059		CITY OR TO	WN WESTFIL	ELD
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	SHI QUAN WU				
DOING BUSINESS A	GOLDEN PEAC	COCK			
ADDRESS 1029 NOR	TH ROAD				
CITY/TOWN: WEST	FIELD	STATE: MA	ZIP COD	E: 01085	
MANAGER: QUAN	WU, SHI TY	PE OF LICENSE:R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREM	ISES:			
ONE ROOM ON FIRS	T FLOOR AND	ONE ROOM IN BAS	SEMENT FOR	STORAGE	
I hereby certify and swe	ear under penaltie	es of perjury that:			
1. the renewed	license will be of	f the same type for th	e same premises	now licensed;	
2. the licensee	has complied wit	h all laws of the Com	monwealth rela	ting to taxes; and	l
3. the premises	s are now open fo	r business (If not exp	lain below)		
SIGNED BY:					
-	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPL	OYER IDENTIFICA	ATION NUMBER:
	1 EEE 110	AL IVOIVIBLIA	(Note: NO	<b><u>OT</u></b> Individual Social	Security Number)
We the undersigned, Acts of 2004, signed by					
license and (2) the cer					
Please Check Below:			LOCAL LIC	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:	]		•		
(If disapproved explain	)		-		
			-		
			-		
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144000063		CITY OR TOWN WESTFIL	ELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DESCRIPTION OF LI	MAIN ST FIELD IPS, JORDANTYPE ( EASE ALSO VISIT OUR WEBST CENSED PREMISES	TE AND ENTER YOUR EM	IAIL ADDRESS	: All Alcohol
IN ONE ROOM ON F I hereby certify and sw			IRST FLR FOR STORAGE	
2. the licensee 3. the premise SIGNED BY:		laws of the Comm		l
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENSING AUTI By:	HORITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 144000065		CITY OR TOWN	WESTFIELD
APPLICATION	FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: AUDUONG, INC			
DOING BUSIN	ESS A TUNG SHING			
ADDRESS 76 F	FRANKLIN STREET			
CITY/TOWN:	WESTFIELD	STATE: MA	ZIP CODE:	01085
	AUDUONG, TYI VINCENT	PE OF LICENSE: Res	taurant CA	TEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	SES:		
ONE ROOM O	N FIRST FLOOR AND C	ONE ROOM FOR STO	ORAGE AT 76 FRAM	NKLIN STREET.
				<del></del>
I hereby certify	and swear under penalties	of perjury that:		
1. the re	enewed license will be of	the same type for the	same premises now li	censed;
	censee has complied with		ě	taxes; and
3. the p	remises are now open for	business (If not expla	in below)	
SIGNED BY:	Individual Partner	or Authorized Corpo	rate Officer	
	marviduai, i artiici	of Authorized Corpo	rate Officer	
DATE:	TEL EPHON	E NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
	TEELITION	LINOMBER.	(Note: NOT Indiv	idual Social Security Number)
We the unders	igned, attest that we are	in noccession (1) the	cartificate required	by Chantar 304 of the
				ent for the above named
	the certificate of liquor			
Please Check Belov	<u>v:</u>		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	explain)			
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000071		CITY OR TOWN	WESTFIEL	LD.			
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013			
	CLASS			YEAR			
LICENSEE NAME: PASQUALE	CARDENUTO						
DOING BUSINESS A PASQUALE	E'S RESTAURANT						
ADDRESS 278-88 ELM STREET							
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085				
MANAGER:	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular			
EMAIL ADDRESS:							
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS					
DESCRIPTION OF LICENSED PR							
	ONE ROOM ON FIRST FLOOR AND ONE ROOM FOR STORAGE						
I hereby certify and swear under pen							
1. the renewed license will l	· =	=					
2. the licensee has complied		_	taxes; and				
3. the premises are now ope	in for business (II not expla	in below)					
CICNED DV							
SIGNED BY: Individual, Pa	artner or Authorized Corpo	rate Officer					
DATE: TELEP	PHONE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:			
T E E E	HONE INCINEER.	(Note: NOT Ind	ividual Social So	ecurity Number)			
We the undersigned, attest that w							
Acts of 2004, signed by the buildin license and (2) the certificate of license and (3) the certificate of license and (3) the certificate of license and (3) the certificate of license and (4)							
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY			
APPROVED: DISAPPROVED:		By:					
(If disapproved explain)							
(							
DATE:							



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000078		CITY OR TOWN	WESTFIEL	LD.
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: APPLE NEW ENG	LAND LLC			
DOING BUSINESS A APPLEBEE'S NE	IGHBORHOOD GI	RILLE & BAR		
ADDRESS 441 EAST MAIN STREET				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: DINELLE, MISKA TYP K.	E OF LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	ES:			
THREE ROOMS ON FIRST FLOOR AN	D BASEMENT FO	R STORAGE		
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of t	he same type for the	e same premises now	licensed;	
2. the licensee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:		0.00		
Individual, Partner	or Authorized Corp	orate Officer		
DATE: TELEPHONI	E NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we are a Acts of 2004, signed by the building insplicense and (2) the certificate of liquor l	pector and the hea	d of the fire departi	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000080		CITY OR TOWN WE	STFIELD
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSED !	FOR 2013 YEAR
LICENSEE NAME: PANDA HO DOING BUSINESS A PANDA H ADDRESS 589 EAST MAIN ST			
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE: 010	085
MANAGER: ZHENG, BI HUA	TYPE OF LICENSE: Rest	caurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISITE DESCRIPTION OF LICENSED PLONE ROOM ON FIRST FLOOR A			.GE
2. the licensee has complied 3. the premises are now operation of SIGNED BY:	enalties of perjury that:  I be of the same type for the set with all laws of the Common for business (If not explain the set with all laws of the Common for business (If not explain the set with the	onwealth relating to taxe in below)	
DATE: TELE	PHONE NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest that was Acts of 2004, signed by the build license and (2) the certificate of I	ing inspector and the head	of the fire department	for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	144000083		CITY OR TOWN WESTER	IELD
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	REED HALL LLC			
DOING BUSINESS A	SCHOOL STREET BI	STRO		
ADDRESS 29 SCHOO	OL STREET			
CITY/TOWN: WEST	FIELD S	STATE: MA	ZIP CODE: 01085	
MANAGER: LOVEI	LAND, JOHN TYPE OI	F LICENSE: Rest	aurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:			
	ST FL; TWO RMS. ON 25' W/ STORAGE IN E		RM. ON 3RD FL; AND OU'D & 3RD FLOORS.	TSIDE
I hereby certify and swe	ear under penalties of pe	erjury that:		
1. the renewed	license will be of the sa	ame type for the s	same premises now licensed;	
2. the licensee	has complied with all la	iws of the Comm	onwealth relating to taxes; an	d
3. the premises	s are now open for busin	iess (If not explai	in below)	
SIGNED BY:			0.07	
	Individual, Partner or A	uthorized Corpor	ate Officer	
DATE.				
DATE:	TELEPHONE NU	JMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	ar Security Number)
			certificate required by Cha	
			of the fire department for t quired by Chapter 116 of th	
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	]			
(If disapproved explain	)			
DATE.				
DATE:				



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000084		CITY OR TOWN	WESTFIEL	LD .
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AESHA, INC.				
DOING BUSINESS	A FOUR MILE PACE	KAGE STORE			
ADDRESS 1230 RU	SSELL ROAD				
CITY/TOWN: WES	STFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: PAT	EL, HARNISH TYPE	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
	LICENSED PREMISE				
	RST FLOOR AND ON		ST FLOOR F OR ST	TORAGE.	
•	wear under penalties or the dicense will be of the	1 0 0	cama pramicae now	licensed:	
	ee has complied with a		=		
	ses are now open for b		_	, unios, unio	
SIGNED BY:					
	Individual, Partner o	r Authorized Corpo	orate Officer		
D 4 500					
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai sociai s	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	 nin)				
(11 disapproved expit	···· <i>,</i>				
DATE:					



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000088	CITY OR TOWN WESTFIELD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: WESTFIELD SPIRIT SHOP, INC.	
DOING BUSINESS A WESTFIELD SPIRIT SHOP	
ADDRESS 440 SOUTHAMPTON RD	
CITY/TOWN: WESTFIELD STATE: N	MA ZIP CODE: 01085
MANAGER: ALTOBELLI, TYPE OF LICENSE MICHAEL	:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
1 RM. 1ST. FL,1 RM. 1ST. FL. FOR STORAGE & STOFFT.REDEMPTION CENTER.	RAGE IN BASEMENT PLUS 540 SQ.
<ol> <li>the renewed license will be of the same type for</li> <li>the licensee has complied with all laws of the C</li> <li>the premises are now open for business (If not example)</li> </ol>	Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized C	'orporate Officer
D. 1977	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14400	0089	CITY OR TOWN WESTFIE	CLD
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: AESH DOING BUSINESS A FOU ADDRESS 1230 RUSSELL	R MILE PACKAGE STORE		
		7ID CODE. 01005	
CITY/TOWN: WESTFIEL			A 11 A 1 1 1
	RNISH TYPE OF LICENSE:	Package Store CATEGORY	: All Alcohol
EMAIL ADDRESS:	SO VISIT OUR WEBSITE AND ENTER YOU	ID EMAIL ADDRESS	
DESCRIPTION OF LICENS		R EMAIL ADDRESS	
		FIRST FLOOR FOR STORAGE	
I hereby certify and swear un	der penalties of perjury that:		
2. the licensee has co	· -	the same premises now licensed; ommonwealth relating to taxes; and xplain below)	1
SIGNED BY: Indivi	dual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000091	(	CITY OR TOWN	WESTFIEL	.D
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: K'S RESTAURAN	T INC.			
DOING BUSINESS A				
ADDRESS 318 EAST MAIN STREET				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: ZHENG, CHRIS TYPE STEVEN	PE OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		ı
DESCRIPTION OF LICENSED PREMIS				
THREE ROOMS ON THE FIRST FLOO	R AND ONE ROOM	IN BASEME NT F	OR STORA	GE
I hereby certify and swear under penalties				
1. the renewed license will be of	• •	•		
2. the licensee has complied with		=	taxes; and	
3. the premises are now open for	business (If not explai	n below)		
SIGNED BY:	A . d 1 C	-1. O.C.		
Individual, Partner	or Authorized Corpor	ate Officer		
D.A.TIF				
DATE: TELEPHON	E NUMBER:		IDENTIFICAT	
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we are	in possession (1) the	certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building ins				
license and (2) the certificate of liquor	hability insurance rec	quired by Chapter	r 116 of the A	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 144000092	•	CITY OR TOWN WES	STFIELD
APPLICATION F	OR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: WHIP CITY I	PATRIOT, INC.		
DOING BUSINES	SS A WHIP CITY	PATRIOT BAR & GRILL	_	
ADDRESS 287 NO	ORTH ELM ST			
CITY/TOWN: W	ESTFIELD	STATE: MA	ZIP CODE: 010	985
~	EBLANC, MANTHA AWN	TYPE OF LICENSE: Rest	aurant CATEG	ORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION O				
	ΓSIDE PATIO DE	ASEMENT 1 RM IN BASE CK 42 FTR. X 25.6 FT. RE		
	-	with all laws of the Common for business (If not explain	•	s; and
	Individual, Pa	artner or Authorized Corpor	ate Officer	
DATE:	TELEP	HONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004, sign	ned by the buildin	e are in possession (1) the ng inspector and the head quor liability insurance re	of the fire department	for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	plain)			
	· /			
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 144000094		CITY OR TOWN	WESTFIEL	.D
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: WESTWOO	D RESTAURANT & PU	JB, INC		
DOING BUSI	NESS A				
ADDRESS 94	NORTH ELM STR	EET			
CITY/TOWN:	WESTFIELD	STATE: M.	A ZIP CODE:	01085	
MANAGER:	SHORTMANN, RONALD E. JR.	TYPE OF LICENSE:	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		•
	N OF LICENSED PF				
		R, ONE ROOM ON FIR	ST FLOOR FOR STO	RAGE.	
• •	•	nalties of perjury that:			
		be of the same type for	•		
	•	d with all laws of the Co	•	o taxes; and	
3. the	premises are now ope	en for business (If not ex	(plain below)		
SIGNED BY:		artner or Authorized Co	rnorate Officer		
	marviadai, 1	arther of Authorized Co	iporate Officer		
DATE:			EMDLOVE		ION NUMBER
DATE.	TELEI	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
			(Froter <u>Fro F</u> Inc	ii viddai 50ciai 50	seurity (valider)
		ve are in possession (1)			
		ng inspector and the h quor liability insuranc			
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	d explain)				
DATE:			<del>-</del>		



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 144000097		CITY OR TOWN	WESTFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: THE TRUST	TEES OF WESTFIELD ST	ΓATE UNIVERSITY	
DOING BUSI	NESS A			
ADDRESS 57	7 WESTERN AVEN	NUE		
CITY/TOWN:	WESTFIELD	STATE: MA	ZIP CODE:	01085
MANAGER:	JOHNSON, ANDREW D.	TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	<u> </u>
	N OF LICENSED P			
		EL AND ONE ROOM O	N MAIN LEVEL FO	R STORAGE.
		nalties of perjury that:		
		be of the same type for the	•	
	•	ed with all laws of the Com	_	taxes; and
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY:				
	Individual, I	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
We the under	raigned attact that	we are in possession (1) tl	no acriticata recuire	od by Chantan 204 of the
				nent for the above named
				r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI	ED:		Ž	
(If disapproved	d explain)			
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN	WESTFIEL	LD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: ISMAEL R. & C	ARMEN SANTIAGO			
DOING BUSINESS A SANTIAGO FA	AMILY RESTAURANT			
ADDRESS 34 FRANKLIN ST				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: T	YPE OF LICENSE: Rest	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREM				
ONE ROOM ON FIRST FLOOR AND	ONE ROOM IN BASE	MENT FOR STOR	RAGE.	
<ul><li>2. the licensee has complied w</li><li>3. the premises are now open f</li></ul>		_	taxes; and	
SIGNED BY: Individual, Partr	er or Authorized Corpor			
Individual, Partr		ate Officer		TION NUMBER: ecurity Number)
Individual, Partr	over or Authorized Corporation of Authorized	EMPLOYER (Note: NOT Ind	ividual Social S  ed by Chapte  nent for the	er 304 of the above named
DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building it	over or Authorized Corporation of Authorized	EMPLOYER (Note: NOT Ind	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partro  DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquodelease Check Below:  APPROVED:	over or Authorized Corporation of Authorized	EMPLOYER (Note: NOT Ind	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partro  DATE:  TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building ilicense and (2) the certificate of liquotelease Check Below:  APPROVED:  DISAPPROVED:	over or Authorized Corporation of Authorized	ate Officer  EMPLOYER (Note: NOT Ind  certificate require of the fire departs quired by Chaptes  LOCAL LICENS	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partro  DATE: TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquodelease Check Below:  APPROVED:	over or Authorized Corporation of Authorized	ate Officer  EMPLOYER (Note: NOT Ind  certificate require of the fire departs quired by Chaptes  LOCAL LICENS	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partro  DATE:  TELEPHO  We the undersigned, attest that we a Acts of 2004, signed by the building ilicense and (2) the certificate of liquotelease Check Below:  APPROVED:  DISAPPROVED:	over or Authorized Corporation of Authorized	ate Officer  EMPLOYER (Note: NOT Ind  certificate require of the fire departs quired by Chaptes  LOCAL LICENS	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000102		CITY OR TOWN	WESTFIEL	D
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: TAVERN RESTAU	RANT WESTFIEL	D, INC.		
DOING BUSINESS A				
ADDRESS 2 BROAD STREET				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: BONAVITA, MARKTYPI	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISI THREE ROOMS ON FIRST FLOOR, WI' BASEMENT	ES:		RST FLOOR	AND IN
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the	ne same type for the	same premises now	licensed;	
2. the licensee has complied with a		_	taxes; and	
3. the premises are now open for b	usiness (If not expla	in below)		
SIGNED BY: Individual, Partner of	or Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	pector and the head	of the fire departn	nent for the a	above named
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHC	ORITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000105		CITY OR TOWN	WESTFIEL	LD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CGR, INC				
DOING BUSINESS	A BUON APP	ETITIO RESTAURANT	AND PIZZA		
ADDRESS 856 NO	RTH RD				
CITY/TOWN: WE	STFIELD	STATE: MA	ZIP CODE:	01008	
	IMO, IBERTI	TYPE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:		_			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
ONE ROOM ON FI FLOOR FOR STOR		ND CELLAR FOR STO	RAGE AND ONE R	OOM ON FIR	RST
3. the premi		n for business (If not exp			
DATE:	TELEP	HONE NUMBER:		R IDENTIFICAT dividual Social S	TION NUMBER:
Acts of 2004, signe	d by the buildir	e are in possession (1) t ng inspector and the hea quor liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	 ain)				
(11 disapproved expir	/				
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 144000110		CITY OR TOWN	WESTFIELD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	AME: SFCC, INC. NESS A SHAKER F.	ARMS COUNTRY CLU	В	
ADDRESS 866	6 SHAKER ROAD			
CITY/TOWN:	WESTFIELD	STATE: MA	ZIP CODE:	01085
MANAGER:	KOTOWITZ, NANCY	TYPE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
		DECKS ON MAIN FLO EVEL FOR STORAGE.	OR AND ONE ROO	M FOR STORAGE
	premises are now ope	artner or Authorized Corr	lain below)	o taxes, and
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000113	CIT	Y OR TOWN WESTFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: PEAJ,INC DOING BUSINESS A THE RUNWAY BY ADDRESS 110 AIRPORT RD.	B'SHARA		
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE: 01085	
MANAGER: B'SHARA,PAUL M. TYPE	OF LICENSE: Restaura	nt CATEGORY	Y: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EMAIL AE	DDRESS	
DESCRIPTION OF LICENSED PREMISES ONE ROOM REST ON FIRST FLOOR ME FLR MEASURING 1844 SF PLUS 1ST FLI HALL. STORAGE IN BASEMENT	EASURING 1844 SQ FT		
I hereby certify and swear under penalties of  1. the renewed license will be of the  2. the licensee has complied with all  3. the premises are now open for but	same type for the same l laws of the Commonwe	ealth relating to taxes; an	d
SIGNED BY: Individual, Partner or	Authorized Corporate C	Officer	
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liab	ctor and the head of th	ne fire department for t	he above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By —	CAL LICENSING AUT	HORITY
DATE:	_		



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000114		CITY OR TOWN	WESTFIEL	LD.		
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	)13		
		CLASS			YEAR		
	SODEXO OPERATION A SODEXO @ WEST		SPORTS PUB AND	PANDINI'S			
CITY/TOWN: WE		STATE: MA	ZIP CODE:	01085			
	ODRIDGE, TYPE	OF LICENSE: F		CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBSI		EMAIL ADDRESS				
THREE ROOMS O	DESCRIPTION OF LICENSED PREMISES: THREE ROOMS ON FIRST FLOOR, CONSISTING OF RESTAURANT/PUB AREA, KITCHEN AND OFFICE, WITH STORAGE IN KITCHEN						
2. the licens	wed license will be of the see has complied with all ises are now open for bus	laws of the Con	nmonwealth relating				
SIGNED BY:	Individual, Partner or	Authorized Con	porate Officer				
DATE:	TELEPHONE N	NUMBER:		ER IDENTIFICAT			
Acts of 2004, signe	ed, attest that we are in d by the building inspe- certificate of liquor lial	ctor and the he	ad of the fire depar	tment for the	above named		
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICEN By:	SING AUTHO	ORITY		
DATE:							



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	44000115		CITY OR TOW	N WESTFIE	LD
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	EMMA'S EVERYDA	Y GOURMET LL	C		
DOING BUSINESS A	EMMA'S EVERYDA	AY GOURMET			
ADDRESS 45 WASHI	NGTON STREET				
CITY/TOWN: WEST	FIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: SESTI, GIANP		OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	:			
TWO ROOMS ON FIR	RST FLOORAND C	ELLAR FOR STO	RAGE		
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises n	ow licensed;	
2. the licensee	has complied with all	laws of the Comm	onwealth relatin	ig to taxes; and	
3. the premises	are now open for bus	siness (If not expla	in below)		
SIGNED BY:					
]	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	JUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEEI HOLLE	veriber.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b					
license and (2) the cer					
Please Check Below:			LOCAL LICE	NSING AUTH	ODITV
APPROVED:			By:	ANSING AUTH	OKITT
DISAPPROVED:			27.		
(If disapproved explain	)		-		
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 144000116		CITY OR TO	WN WESTFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SHENANIGAN	I'S PUB & RESTAURA	ANT INC.		
DOING BUSINESS	A SHENANIGA	N'S PUB & RESTAUR	RANT		
ADDRESS 150-154	ELM STREET				
CITY/TOWN: WE	STFIELD	STATE: MA	ZIP CODI	E: 01085	
MANAGER: LUC	CIA, LORI A.	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
		IEASURING 80 X 160 R IN KITCHEN AREA			E OF
I hereby certify and	swear under penal	ties of perjury that:			
1. the renew	ved license will be	of the same type for the	e same premises	now licensed;	
2. the licens	see has complied v	vith all laws of the Com	monwealth relat	ing to taxes; and	
3. the premi	ises are now open	for business (If not exp	lain below)		
SIGNED BY:			0.07		
	Individual, Part	ner or Authorized Corp	orate Officer		
D 4 (TIE)					
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>T</u> Individual Social S	Security Number)
		are in possession (1) th			
		inspector and the hea or liability insurance			
ncense and (2) the	certificate of fiqu	of hability insurance	required by Ch	apter 110 or the	Acts of 2010.
Please Check Below: APPROVED:				CENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
	,				
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000117		CITY OR TOWN	WESTFIEL	LD.
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: ABANOZ, LLO	C			
DOING BUSINESS A SANTORINI	PIZZERIA & RESTAUI	RANT		
ADDRESS 930 SOUTHHAMPTON	RD			
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: ABANOZ, ALI	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE ONE ROOM FIRST FLOOR, APPRO I hereby certify and swear under pena 1. the renewed license will be	OX 2600 SF FOR SERVI	CE AND STORAG		
2. the licensee has complied	with all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open	for business (If not expla	in below)		
SIGNED BY: Individual, Par	rtner or Authorized Corpo	rate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:		_		



www.mass.gov/abcc

### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000118 CITY OR TOWN WESTFIELD				LD.
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: ROSANNE BON DOING BUSINESS A THE GRAPE C				
ADDRESS 20 SCHOOL STREET				
CITY/TOWN: WESTFIELD	STATE: MA	ZIP CODE:	01085	
MANAGER: BONAVITA, TYROSANNE	YPE OF LICENSE:Pacl	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTION OF LICENSED PREM	IISES:			
ONE ROOM ON FIRST FLOOR AND	ONE ROOM ON FIRS	T FLOOR FOR ST	ORAGE	
I hereby certify and swear under penalti-	es of perjury that:			
1. the renewed license will be o	of the same type for the	same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for		_	,	
	· · · · · · · · · · · · · · · · · · ·			
SIGNED BY: Individual, Partn	er or Authorized Corpor	rate Officer		
DATE: TELEPHO	NE NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				
DATE:				



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000120		CITY OR TOW	N WESTFIEL	LD
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	112 ELM ST., INC. A PADDY'S IRISH PU 4 STREET	JB WESTFIEI	LD		
CITY/TOWN: WE	STFIELD	STATE: M	A ZIP CODE:	01085	
MANAGER: DINI ,.  EMAIL ADDRESS:	EEN,THOMAS TYPE	OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	JR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES				
	FIRST FLOOR, ONE ROAD BADEMENT FOR		OND FLOOR AND	ONE ROOM (	ON
2. the licens	red license will be of the ee has complied with all ses are now open for bus	laws of the Cosiness (If not e	ommonwealth relatin xplain below)		
DATE:	TELEPHONE N	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lial	ctor and the h	ead of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 144000121		CITY OR TOWN	WESTFIEL	LD.
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	BOISSEAU F&B I A 7B'S BAR & GRI OUTHAMPTON ROA	ILLE			
CITY/TOWN: WE	STFIELD	STATE: M	ZIP CODE:	01085	
	SSEAU JR., TYI LIAM W.	PE OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		-
	LICENSED PREMIS				
	T FLOOR, KITCHE swear under penalties		RS FOR STORAGE		
2. the licens		all laws of the Co	the same premises now commonwealth relating xplain below)		
SIGNED BY:	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building in	spector and the l	) the certificate requi nead of the fire depar ce required by Chapt	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	ain)				
(11 disappioved expi	uiii)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING TH	HE MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	5A)